



FY24 Maryland Network Infrastructure Grant Program
Smith Island

Broadband Grant Application Form *(this form is the start of your application, see the application guide for additional application requirements)*

Project Name: _____

Applicant Information

Primary Applicant Legal Name (must match W9 and DUNS Number):

Federal EIN Number: _____ DUNS Number: _____

Attach a copy of your IRS Form W-9

Unique Entity ID (SAM.gov) Number: _____

Address:

Street: _____

City: _____

County: _____

State: _____ Zip: _____

Applicant Type (may be for profit or non-profit):

A local jurisdiction;

Incorporated organization recognized as a partner by the local jurisdiction;

Cooperative legally formed in Maryland and recognized as a partner by the local jurisdiction;

Limited Liability Company recognized as a partner by the local jurisdiction;

Other _____

Partnerships and sole proprietors are not eligible applicants



Contact Information

This is the primary contact for the person coordinating all elements of this application. This is the person the Office will contact with any questions regarding the application.

Name: _____ Title: _____
Email: _____ Phone: _____

Project Information

Applicant is requesting an exception to the cash match requirement based on an application for Federal funding. Applicant understands that no State funds will be disbursed until the Federal funding is approved.

Estimated Funding:

Applicant: _____

Local Jurisdiction: _____

State: _____

Other: _____

Project Total: _____

Technology used to serve the subscriber:

Check all that apply

Fiber Optics to the Premise

Unlicensed Fixed Wireless Frequency Band: _____

Licensed Fixed Wireless Frequency Band: _____

Other: _____



Identified Service Area (ISA):

ISA must be unserved with no locations receiving broadband service at 100 Mbps download by 20 Mbps upload speeds.

Unserved Households and Businesses passed:

This is your projected subscriber base

Locations: 278

Miles of wired infrastructure within the ISA: _____

Service towers providing service to the ISA _____

Average Number of homes and businesses per ISA mile (wired): _____

Average Number of homes and businesses per service tower (wireless): _____

To the best of my knowledge and belief, the information contained in this application package is true and correct and I have the authority to sign this document.

Authorized Representative Name: _____

Title: _____

Signature

Date: _____